

bled those of other portions, except that they were more granular and the nuclei less distinct.

I noticed in the January number of this "Journal," an article by Dr. Wales, on the "spotted fever" at Newport, and two shorter ones upon the disease as it appeared in Pennsylvania and Indiana. The April number contains an article upon cerebro-spinal meningitis. Only one account of an autopsy, however, is given, and that not a very detailed one.

I have been induced to send you the accompanying account of my case, by the fact that, while several symptoms, the sore-throat (noticed in two of Dr. Wales' cases), the delirium, the drawing back of the head, and especially the eruption appearing so early in the disease, show pretty plainly that it belonged among spotted fever cases, the autopsy showed, if possible, more conclusively, that it was a case of cerebral if not cerebro-spinal meningitis.

I do not imagine that the case is a singular one, but it seems to me, from the distinctness of both the symptoms and the lesions, to supply a missing link among the reports on the subject, published in the two numbers of the "Journal" I have mentioned. There was no epidemic, this being the only case in the ship, and, so far as I know, in the squadron at that time.

FLAGSHIP "BLACKHAWK," MISS. SQUADRON, May, 1864.

Case of Lumbricoides.—Dr. Pardue, of Haverstraw, New York, has communicated to us a case of a delicate female, who suffered greatly from worms, and who passed two hundred and sixty-nine full grown lumbrici before she was relieved. The discharge of these parasites was effected principally by repeated administration of a strong decoction of the *Spigelia Marilandica* aided by active purgatives.

DOMESTIC SUMMARY.

Ligation of Primitive and External Carotids for Gunshot Wounds of Face; Recovery.—Dr. M. MAHON, Surg. Ohio Vols., relates (*Cincinnati Lancet and Obs.*, April, 1864), a very interesting case of this. The subject of it was a private, 25 years of age, wounded Nov. 25th, at the storming of Mission Ridge. "Ball entered anterior to angle of left lower maxilla fracturing the bone, making a ragged opening nearly one inch long, passing downwards under the tongue, cutting the floor of the mouth, coming out on opposite side to the right and a little below the great cornua of hyoid bone.

"On the evening of November 29th, I was called by the Assistant Surgeon Thirty-Fourth Illinois to see this man, as he was bleeding profusely from wounds. The distance was about one square to the building in which he was lying. On arriving, I found him bleeding from the right side, the blood rushing from his mouth and the point of aperture of escape of ball in neck in a continuous stream, which was bright arterial, and, as was supposed, coming from the sublingual artery. At this time he had lost at least between three and four pints of blood, as the hemorrhage had continued without any intermission for several minutes, and without any attempt having been made to arrest it.

"The patient was placed in the semi-recumbent position, his back well supported by one of the nurses, and it was at once decided to ligate the common carotid of right side. It was utterly impossible for him to lie down; as it was, the blood flowed into his mouth with such rapidity as almost to cause strangulation. The administration of chloroform could not be entertained, and with the assistance of Surgeon Lytle, Thirty-Sixth Illinois, an incision was made from

point of exit of ball down the neck on inside of sterno-mastoid, dividing the superficial structures and deep fascia, working with handle of scalpel, succeeded in exposing the sheath of the vessels with descendens noni nerve, opened the sheath, passed the artery needle armed with ligature from without inwards and secured the vessel just above the omo-hyoid muscle. As soon as the ligature was brought home, all hemorrhage instantly ceased.

"If I had seen the patient sooner, the proper course to have pursued would have been the ligation of the external carotid, but in finding this vessel so much time would have been consumed that it would have been unnecessary to have applied the ligature after the vessel was found. Under the circumstances, no other course was left me, as the danger of his dying was imminent, but ligate at the most available point, at the position that would soonest arrest the hemorrhage, where I could do so with the possibility of saving the man's life, even at the risk of violating one of the established rules of surgery, viz.: 'In wounds of its (external carotid) deep-seated branches, ligate the external carotid.'

"In dividing the tissues not a single arterial or venous branch was cut, which would have rendered the operation very simple were it not for the continual flow of blood through the wound completely deluging and obscuring the parts, but this was remedied to a considerable extent by the judicious use of the sponge by my assistant. The time consumed was extremely short, as the operation, to be at all successful, had to be expeditious to save life. The pressure applied to carotid in the neck preparatory to the operation had very little effect on the hemorrhage, as the difficulty of breathing was very great at best, without compressing the parts about the trachea. During the operation, an assistant had to introduce his finger into the man's mouth to free it from the clots of blood which interfered with respiration. In tightening the ligature, I watched the patient's face to see if any effect would be produced, but none was visible except an expression of relief from the pain incidental to the operation.

"He stood the operation well, never complained till it was over. Whiskey and water were freely administered, and to be continued during the night with beef-tea. He rallied pretty well, considering the vast quantity of blood he had lost; pulse small and rapid; complained of being very weak. We were fearful hemorrhage might occur from opposite side, and he was closely watched during the night.

"*Nov. 30th.* No further return of hemorrhage during the night; had rested tolerably well; pulse still rapid and weak; very much prostrated. Stimulants to be continued during the day; takes quite large quantities of beef-tea, of which he is very fond.

"*Dec. 1st.* Slight hemorrhage occurred from wound on left side during night, controlled by liq. ferri persulphatis.

"*2d.* Hemorrhage occurred again this morning from left side, appeared to come up out of lower maxilla between the ends of fractured bone, as if coming from inferior dental artery. Plugs of lint saturated with liq. ferri persulphatis were inserted with temporary relief from hemorrhage.

"*Evening.* Hemorrhage again occurred from wound, the patient losing scarcely any blood during this or previous hemorrhages from this side, as he was continually under the supervision of a medical officer. This was again controlled by the iron. Finally, it was resolved that the only course to be pursued in the event of the recurrence of hemorrhage during the night to any alarming extent would be ligation of the external carotid.

"*3d.* Last night about 12 M. hemorrhage occurred again with considerable force, which necessitated the ligation of the external carotid of left side without any further return of hemorrhage.

"*4th.* Patient very weak; pulse 100, small and weak; appetite not good; can not take any solid food; has to live on fluids, beef-tea, farina, thin gruel, coffee, tea, and whiskey toddy. Milk punch he cannot bear.

"*6th.* General condition somewhat improved; more cheerful; appetite better; inclined to doze a good deal; rather drowsy; muscæ volitantes floating in the field of vision; cannot sit up in bed without causing a feeling of faintness and dizziness. Pulsation can be felt on supra-orbital ridge of left side, more in right. Face blanched.

"9th. Doing well; pulse 90, tolerably strong, with considerable volume; appetite good. Expresses himself as doing well."

From this time he continued to do well. The ligature from external carotid separated Dec. 11th, that from primitive the following day.

"Jan. 22, 1864. Patient says he feels as well and strong as ever; no muscæ volitantes in field of vision. He walks about the city every day when the weather is fine. Union has not taken place in the fractured maxilla. Through a small external opening the ends of the bone can be seen perfectly white and bare, no callus whatever visible.

"28th. This man left Chattanooga on furlough for his home in Indiana, to all appearance as well as ever, except the inconvenience of being unable to masticate his food."

Persulphate of Iron in Hemorrhoids.—Dr. GEO. S. CARTWRIGHT, Ass. Surg. U. S. V., highly extols (*Cincinnati Lancet and Observer*, May, 1864) the efficacy of the persulphate of iron employed as an ointment in the treatment of hemorrhoids. It is especially beneficial, he states, in ulcerated hemorrhoids; or in those whose constitutions are debilitated from diarrhœa, long marches, and excessive fatigue of any kind.

Of several cases which he relates illustrative of the advantages of this remedy, we select the following:—

"Major —, U. S. A., of full habit, has been the subject of slight hemorrhoids for several years. For the last twelve months, has been obliged to travel a great part of the time in a rough vehicle. Applied to me December 5th, 1863. On examination found a small tumour, external to the sphincter, about the size of a large pea; when at stool it would protrude to the size of a small walnut, and would with difficulty be returned.

"*Treatment.*—Lead water freely applied to the part, and R ferri persulphas ʒss., cerate simplex ʒj. Rub well together and apply on retiring at night. The effect of the persulphas was almost immediate, relieving pain and cauterizing the part.

"I would state that he had previously used ointment of galls, tannin, opium, etc., with only a temporary relief. The effect of the persulphas is permanent, and in the above case he was able to ride on horseback, or take active exercise, within two weeks after commencing the use of the iron, without the least inconvenience. It is now two months since he first commenced the use of it and has not had any return since."

Dr. C. sometimes employs the ointment with double the proportion of the persulphate used in this case.

Active Constituents of Ergot of Rye.—Mr. W. T. WENZELL, of La Crosse, Wisconsin, has investigated the proximate chemistry of ergot, and he states (*American Journal of Pharmacy*, May, 1864) that he has succeeded in isolating two vegetable nitrogenized alkaloids, the first of which he has provisionally named "ecbolina," and the second "ergotina." Mr. W. gives the following account of the physiological action of the alkaloids.

"The experiments were made by comparison with the powdered drug. Unlike most authors, who believe that ergot has no obvious action on the male, I have come to the conclusion that it has as powerful an influence upon the spinal column of the male as it has upon the female. I find a half grain of *ecbolina* to possess the same therapeutic action as thirty grains of ergot. From either the alkaloid or the powdered ergot in the doses mentioned, the following effects have been experienced upon myself:

"The functions of the brain were excited to a species of intoxication, in which participated the muscular system, causing involuntary contractions of the muscles, soon followed by nausea, loss of appetite, a sense of weight and shooting pains through the head, stiffness and soreness of the muscles of the neck and extremities, a creeping sensation along the course of the spine; finally, a state of general relaxation and debility, soreness of the muscles, particularly those of the extremities, and a gnawing sensation in the stomach, with hunger. From the beginning to the end of the ergotic influence, which lasted about three